



CITY OF HAMPTON

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

DEPARTMENT OF HUMAN RESOURCES
22 LINCOLN STREET HAMPTON, VA 23669
TELEPHONE (757) 727-6407
FAX (757) 727-6449

1. NAME (LAST), (FIRST), (MIDDLE)		2. S.S.N.		INSTRUCTIONS PLEASE READ BEFORE COMPLETING THIS FORM. <ul style="list-style-type: none">Please type or print clearly in dark ink.Each item on the form must be completed.If an item does not apply, write Not-Applicable (N/A) in the space provided. In item 6, list the position for which you wish to be considered (you will only be considered for a position which is open at the time you apply.) Do not abbreviate if possible.Before signing this form, carefully read the Privacy Act Notice for Employment Forms on the last page.Applications must be signed and dated by the applicant on the last page of this form.			
3. ADDRESS (NUMBER, STREET CITY, ZIP CODE)							
4. DATE OF APPLICATION (Month) (Day) (Year)		5. PHONE NO. HOME					
6. POSITION FOR WHICH YOU WISH TO BE CONSIDERED		WORK					
7. If you work for the City of Hampton currently, or have in the past, complete items 7 a through c below:							
(a) Dates of Employment (month, year)		(b) Position		(c) City Department			
From: To:							
8. If any members of your family presently work for the City, complete items 8 a through c below							
(a) Name and relationship		(b) Title of Position held		(c) City Department to which assigned			
10. If you have ever as an adult been convicted of a misdemeanor or felony other than a minor traffic violation, give details in item 10 a. Include date of conviction, nature and disposition of offense. NOTE: A conviction does not necessarily prevent your employment with the City of Hampton.							
(a)							
11. Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, do you have the legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>							
All new employees will be required to complete a Form 1-9 and provide documents establishing their identity and eligibility to work in the United States.							
12. EDUCATION							
(a) Do you have a high school diploma? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, highest grade completed _____							
(b) If no high school diploma earned, do you have a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>							
(c) Name and location (City, State, and Zip Code, if known) of college or university. (if you expect to graduate within 9 months, give month and year you expect degree.)	DATES ATTENDED		CREDITS COMPLETED		MAJOR	TYPE OF DEGREE	DID YOU GRADUATE? YES/NO
	FROM	TO	SEMESTER HOURS	QUARTER HOURS			
(d) Other Schools or training (for example, trade, vocational, armed forces, or business). Give for each the course name, dates, and training organization. Use additional sheet(s) if necessary.							

16. EXPERIENCE - Continued

DATES OF EMPLOYMENT (MONTH/YEAR)		TITLE OF POSITION. IF CITY POSITION, LIST GRADE.	
FROM: TO:			
SALARY OR EARNINGS	AVG. HOURS PER WEEK	NAME AND ADDRESS OF EMPLOYER	KIND OF BUSINESS OR ORGANIZATION (MANUFACTURING ACCOUNTING, INSURANCE, ETC.)
STARTING \$ PER YR.		NAME	
ENDING \$ PER YR.		ADDRESS	
NAME AND TITLE OF IMMEDIATE SUPERVISOR			
AREA CODE AND PHONE NO.		REASON FOR LEAVING	
DESCRIPTION OF WORK			
DATES OF EMPLOYMENT (MONTH/YEAR)		TITLE OF POSITION. IF CITY POSITION, LIST GRADE.	
FROM: TO:			
SALARY OR EARNINGS	AVG. HOURS PER WEEK	NAME AND ADDRESS OF EMPLOYER	KIND OF BUSINESS OR ORGANIZATION (MANUFACTURING ACCOUNTING, INSURANCE, ETC.)
STARTING \$ PER YR.		NAME	
ENDING \$ PER YR.		ADDRESS	
NAME AND TITLE OF IMMEDIATE SUPERVISOR			
AREA CODE AND PHONE NO.		REASON FOR LEAVING	
DESCRIPTION OF WORK			
DATES OF EMPLOYMENT (MONTH/YEAR)		TITLE OF POSITION. IF CITY POSITION, LIST GRADE.	
FROM: TO:			
SALARY OR EARNINGS	AVG. HOURS PER WEEK	NAME AND ADDRESS OF EMPLOYER	KIND OF BUSINESS OR ORGANIZATION (MANUFACTURING ACCOUNTING, INSURANCE, ETC.)
STARTING \$ PER YR.		NAME	
ENDING \$ PER YR.		ADDRESS	
NAME AND TITLE OF IMMEDIATE SUPERVISOR			
AREA CODE AND PHONE NO.		REASON FOR LEAVING	
DESCRIPTION OF WORK			

NOTE: USE ADDITIONAL SHEETS IF NECESSARY. ATTACH INSIDE APPLICATION FORM

PRIVACY ACT NOTICE FOR EMPLOYMENT FORMS

NOTICE TO APPLICANTS

This information is provided pursuant to the Privacy Act of 1976 for individuals supplying information for inclusion in a system of records.

POLICY

The policy of the City of Hampton is to collect, maintain, use and disseminate only the personal information required by law to accomplish a proper purpose.

PURPOSE, USE, ACCESS, AND DISSEMINATION

Information furnished will be used primarily by City departments/divisions and agencies to determine qualifications for employment, eligibility for transfer, reinstatement, promotion and/or demotion. All or part of this information may be furnished as indicated below:

1. Representatives from City agencies, if required to determine employment suitability.
2. Federal, state and local agencies in which you have interest as a potential employee.
3. Federal, state and local agencies to create personnel files following your employment with the City of Hampton.
4. Representatives of federal, state and local agencies engaged in investigating violations of the law.
5. Individuals or agencies requesting statistical data exclusive of personal identification.
6. Requesting agencies possessing your voluntary release of information and assuming confidential protection of information released.

EFFECTS OF NONDISCLOSURE

It is in your best interest to answer all questions. Your failure to complete the form may jeopardize your opportunity for employment.

DISCLOSURE OF SOCIAL SECURITY NUMBER

The Social Security Act of 1976 provides for soliciting social security numbers, and disclosure on your part is mandatory to obtain the benefits you are seeking.

CERTIFICATION /AGREEMENT

I have read and understand the above Privacy Act Notice For Employment Forms. I hereby certify that this application is a complete record and that all entries and all attachments are true and accurate to the best of my knowledge. I understand that false or incomplete statements herein supplied are grounds for disqualification from employment. I authorize the City of Hampton to conduct a thorough background investigation, except as it pertains to race, origin, sex, age, or other non-job related criteria, to be used relative to my employment with the City of Hampton. I authorize my former employers and any other persons or organizations to provide any information they have about me, and I release all concerned from any liability in connection therewith. If permanent employment is offered, I understand that I may be required to pass an examination given at the City's expense, and that my employment may be dependent upon successfully passing that examination.

APPLICANT'S SIGNATURE

DATE (Month/ Day/Year)